PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10829164

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			97		100.0			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		AILIME	ED EYTDA		BASIC FEE	 	1	BASIC FEE	770.00	
FOR			0.2		NUMBER EXTRA			DA0.01 EL	383.00	OR	02010 1 22		
TOTAL CHARGEABLE CLAIMS								X\$ 9=	<u> </u>	OR	X\$18=	26	
INDEPENDENT CLAIMS			2 minus 3 = * 6					X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P						+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column 2				TOTAL		OR	TOTAL	406	
CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1)	(Column 2			(Column 3)	1 ,	SMALL	_	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>		X43=		OR	X86=		
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		1	+145=		OR	+290=		
										OR	TOTAL ADDIT, FEE		
ADDIT. FEE ADDIT. FE (Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**				X\$ 9=		OR	X\$18=		
	Independent	**	Minus	***		= .]	X43=	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OR	X86=		
٥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		On	•		
										OR	+290=		
										OR	TOTAL ADDIT. FEE		
			•	· .									
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* ,	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	▎┟	X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		Un			
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	iid For IN THIS	S SPACE is	less than	n 20, enter "20."	- Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.		